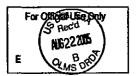
U S, Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11 30-2006

This report is mandatory under P.L. 88-257 as amended. Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U.S.C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 10547	2. Fiscal Year Covered From
<u> </u>	11/11/2004 Through 1/2/13/12004
3 Name and address of person filing	4 Name file number and address of labor organization
Name CHARLES M ROTH	Name INTERNATIONAL BRO, OF TEAMSTERS
	Labor Organization File Number 000-093
PO Box, Bidg Room No if any	P O Box, Building and Room Number if any
Street 5511 COBBLE GLEN CT	Street 25 LOUIS IANA AVE, NW
City GREENSBORO	City WASHINGTON
State NC ZIP Code +4 27407	State DC ZIP Code +4 20001
5 Position in labor organization INTERNATIONAL REPRESENTATIVE	
A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name If any)	7 a. Nature of Interest, Transaction or Income
Name (
Trade Name If any	
PO Box Bldg Room No if any	
Street	7 b. Amount.
City	who we have the second
State , ZIP Code + 4	
Signature	
15. Signature and verification The undersigned declares under penalty of Penjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned s knowledge and belief true correct, and complete. (See the section on penalties in the instructions.)	
Signed Charles M Roth	On _8-15-2005 336- 854-5603 Date Telephone Number

Name of Person Filing CHARLES M ROTH	File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from setting or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or setting or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8. Name and address of Business (including trade name, if any) Name: CHIP ROTH COMMUNICATIONS Trade Name if any: CR COMMUNICATIONS PO Box Bldg Room No if any Street: SSII COBBLE GLEN CT City GREENSBORO	9 Business deals with X a Labor Organization - TEAMSTERS LOCAL 1038 1 b Trust 1 c. Employer	
State NC ZIP_Code+4 27407		
10 If 9 b or 9 c. is checked give trust or employer's name Name : Trade Name if any: P O Box, Bldg. Room No. if any Street : City : ZIP Code + 4	11 a Nature of such dealing CREATE TEXT, PREPARE LAYOUT AND SUPERVISE PRINTING AND MAILING OF NEWSLITTERS FOR TEAMSTERS LOCAL 1038 FROM MY HOME AND ON PERSONAL TIME 11 b Approximate dollar value of such dealing 4, 411,46 12 a. Nature of interest held or income received SOLE OWNER AND PROPRIETOR OPERATING FROM MY HOME AND ON PERSONAL TIME	
	12 b Amount. 44/146	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a. Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any	14 a. Nature of payment.	
PO Box, Bldg Room No If any		
Street		

14 b Amount of payment.

13 b is the Business an Employer

ZIP Code + 4

or Consultant

?

City

State